FEC FORM 1

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STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

FORM 1		O	nganiz,	ATION	15 DEC 28	PM 3: 38 Office Use Only			
1. NAME OF COMMITTEE (in	full)		Check if name s changed)	Example: If typing, type over the lines.	12FE4M5				
Clive Grey, for US S	Senate _{l I}		1 1 1 1 1						
		1 1			<u>L. I. I. I. I</u>				
ADDRESS (number a	nd street)	PO Bo	x 520						
(Check if address is changed)									
			Beach TY ▲		_CA _ STATE ▲	93448			
COMMITTEE'S E-MA	IL ADDRES	S							
(Check if a is changed		clivegr	ey@clivegreyforus	senate.org					
			Second E-Mail Add 1@gmail.com	dress					
(Check if a is changed		Clivegre	eyforussenate.org	·					
2. DATE 12	23	20	015						
3. FEC IDENTIFIC	CATION NUI	MBER Þ							
4. IS THIS STATEM	IENT N	NEW	(N) OR	AMENDED (A)					
I certify that I have e	xamined this	s Stateme	nt and to the best	of my knowledge and belief it	is true, correct a	and complete.			
Type or Print Name of	of Treasurer	Lorna	Whiteaker						
Signature of Treasure	r <i>X</i>) Ma) Why	leaf	Date 12	23 2015			
NOTE: Submission of				may subject the person signing to		he penalties of 52 U.S.C. §30109.			
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)			

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	COMMITTEE e Committee:						
(a) XX		rincinal campaign (rommittee (Co	mniete the	candidate in	oformation below	v)
(p)	This committee is an a						
Name of Candidate	information below.)			1 4 3		† † }	
	<u> </u>					<u> </u>	
Candidate Party Affiliat	ion IND	Office Sought:	House	XX S	Senate	President	State CA District
(c)	This committee support	rts/opposes only o	ne candidate, a	and is NO	T an authoriz	zed committee.	
Name of Candidate				1			
Party Cor	nmittee:			— 			
(d)	This committee is a		(National, State or subordinate)		e of the	<u> </u>	(Democratic, Republican, etc.) Party.
Political A	ction Committee (F	AC):					
(e)			I fund. (Identify	connected	l organization	on line 6.) Its co	onnected organization is a
	Corporation		Corp	oration w	o Capital Sto	ock	Labor Organization
	Membership (Organization	Trad	e Associat	ion		Cooperative
	In addit	tion, this committee	is a Lobbyist/F	egistrant f	PAC.		
(f)	This committee suppo committee. (i.e., nonco			al candida	ate, and is N	OT a separate :	segregated fund or party
	In addition, this	committee is a Lot	obyist/Registrar	t PAC.			
	In addition, this	committee is a Lea	adership PAC. (Identify sp	onsor on line	6.)	
Joint Fund	traising Representa	itive:					
(g)	This committee collects committees/organizatio		_	•		•	•
(h) jin	This committee collects committees/organization						two or more political
Com	mittees Participating i	n Joint Fundrais	er				
1.					FEC ID nu	mber C	n :
2.					FEC ID nu	mber C	
3.	-				FEC ID nu	mber (C	
4.			1 1 1 1	111	- FEC ID nui	mber C	

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Write or Type Committee Name	- ugu u
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
Mailing Address	
	<u> </u>
CITY STATE ZI	IP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponso
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in posse books and records. 	ession of committee
Full Name Clive Grey	11111
Mailing Address PO Box 520	1 1 1 1 1
Pismo Beach CA 93448	
Title or Position CITY STATE ZII	P CODE
Candidate/Campaign Manager	02 - [2909
B. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name of Treasurer Lorna Whiteaker	
Mailing Address 650 S. 9th Street #B	1111
	
Grover Beach CA 93433	1
CITY STATE ZIF Title or Position Treasurer Telephone number 805 - 901	CODE 3375

CADILLE STORE BOOK OF THE STORES

Lorna Whiteaker, Treasurer Clive Grey for US Senate Grover Beach, CA 93433 550 S. 9th St. #B

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SANTA BARBARA CA 931

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U. S. SENATE
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	m 1 (Revised 02/2009)	Pag
Full Name of Designated Agent	Clive Grey	
Mailing Address	PO Box 520	
	Pismo Beach	93448
Title or Position	CITY STATE	ZIP CODE
	ampaign Manager	805 _ 602 _ 2
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee depositors or maintains funds.	its funds, holds accounts,
Name of Dark,	Depository, etc.	
	Heritage Oaks Bank	
Mailing Address	1530 E. Grand Avenue	
	Arroyo Grande	93420
	CITY STATE	ZIP CODE
	Depository, etc.	, <u>, , , , , , , , , , , , , , , , , , </u>
Name of Bank, I		
Name of Bank, I		
Name of Bank, I		

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United States Senate

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